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APPLICANTS

David Bar-Or, Englewood, CO;

** CONTINUING DATA *****

This appln claims benefit of 60/429,924 11/27/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 03/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 1	TOTAL CLAIMS 185	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

22442
 SHERIDAN ROSS PC
 1560 BROADWAY
 SUITE 1200
 DENVER, CO
 80202

TITLE

Treatment of diseases and conditions mediated by increased phosphorylation

FILING FEE RECEIVED 2752	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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